

PTO/SB/30(04-05)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/692,920
	Filing Date	October 20, 2000
	First Named Inventor	Banker, et al.
	Group Art Unit	2623
	Examiner Name	Beliveau, Scott E.
	Attorney Docket Number	A-6685 (191910-1550)

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This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCE's (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☐ Previously Submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the amendment(s) reply under 37 CFR 1.116 previously filed on
- ii. ☐ Other:
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)-
- iv. ☐ Other:
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).
- b. ☐ Other:
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. I have enclosed a duplicate copy of the sheet.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other:
- b. ☐ Check in the amount of \$ enclosed.
- c. ☒ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Anthony F. Bonner, Jr.	Registration No. (Attorney/Agent)	55,012
Signature		Date	9/18/06

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Anthony F. Bonner, Jr.	Date	9/18/06
Signature			

This collection of information is required by 37 CFR 1.114. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1455, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571)-273-8300.

Date:

9/18/06

Anthony F. Bonner, Jr.

In Re Application Of: Banker et al.

Art Unit: 2623

Serial No.: 09/692,920

Confirmation No.: 8465

Filed: October 20, 2000

Docket No. A-6685.(191910-1550)

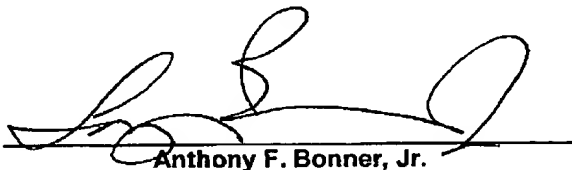

For: Media on Demand Title Indexing System

**RCE Transmittal
Amendment Transmittal
Fee Transmittal
Credit Card Authorization - Authorizing \$790.00
Response**

TOTAL PAGES (including cover sheet) 32

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AMENDMENT TRANSMITTAL LETTER (LARGE)				Docket No. A-6685 (191910-1550)	
Applicant(s): Banker, et al.					
Serial No. 09/692,920	Filing Date October 20, 2000	Examiner Belliveau, Scott E.	Confirmation No. 8465	Group Art Unit 2623	
Invention: Media on Demand Title Indexing System					
Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is Response, and RCE transmittal in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	39 -	=	0	X \$50.00	\$0
INDEP. CLAIMS	5 -	=	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 _____ Anthony F. Bonner, Jr.			 _____ Date		

SEP 18 2006

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006**Complete if Known**

Application Number	09/692,920
Filing Date	October 20, 2000
First Named Inventor	Banker, et al.
Examiner Name	Beliveau, Scott E.
Art Unit	2623
Attorney Docket No.	A-6685 (191910-1550)

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$790.00)****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES**Fee Description.**Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
39	-20 or HP = 0	50	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	-3 or HP = 0	200	0

HP = highest number of total claims paid for, if great than 3

Multiple Dependent Claims
Fee (\$)
360
Fee Paid (\$)
0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

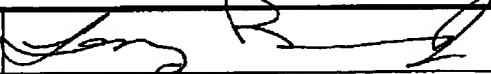
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount)
Other: RCE

Fee Paid (\$)
0
790.00

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 55,012	Telephone Number 770-933-9500
Name: (Print/Type)	Anthony F. Bonner, Jr.		Date 9/18/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a patent by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2